

**LIFELONG LEARNING INSTITUTE TRAINING REGISTRATION**

State Form 49223 (R3/12-04)

Fax: (317) 233-6908

Course Title _____ Fee, if any _____

Preferred Date _____ Location _____

*Name of Registrant(s) _____

(Include Job Title) _____

* More than one staff person may be listed **ONLY** if registration is for the **same course, date and location**.

Organization _____

Phone Number _____ Fax Number _____

E-Mail Address _____

of Registrants _____

Work Mailing Address:

Street _____

City _____ ZIP _____

Date _____

Supervisor's Signature (required) _____

Supervisor's Phone _____ Supervisor's FAX _____

Supervisor's E-Mail Address _____

*This section must be completed by WIA partners and other organizations that will be invoiced for this training program:

Save 33%! If your organization has a current, signed Memorandum of Agreement (MOU) under the Workforce Investment Act, you are eligible for this discount. Do you have a signed/current MOU? YES _____ NO _____
With which Workforce Investment Board (WIB)? _____

Please send invoice to my organization to the attention of: _____

Department _____ Phone _____ Email _____

Address (if different from "Work Mailing Address" above):

Street/PO Box _____

City _____ State _____ P Code _____